1-23-98 B-0676 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name DC ENTERPRISES, INC.			
Principal Place of Business Mailing Addross 3649 SW ST LUCIE SHORES 1050 -3649 SW ST LUCIE SHORES PALM CITY FL 34990 SW CHAPMAW PALM CITY FL 34990 US US	Chapman May		
~	•••	3. Date Incorporated or Qualified 09/08/1995	
2. Principal Place of Business 21 1050 S.W. Chap man Way 26 Sume		4. FEI Number 65-0652690	/ For plicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8. 5 Additional Fee Regulred
City & State City & State City & State 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 34990 25 MARTIN 29 30	Country	This corporation owes or has paid the corporation owes or has paid the corporation owes are paid the corporation.	Ves □ No
9, Name and Address of Current Registered Agent	01 1	10. Name and Address of New Registered	Agent
BERARDI, CAROL 1050 S.W. CHAPMAN WAY		me.	
[82] Street Addres		ss (P.O. Box Number is Not Acceptable)	
PALM CITY FL 34990	83		
	[83]		
	84 City	FI	85 Zip Code
44 Durament to the provisions of Costians 607 0600 and 607 1608 Florida Statutes	the above period serve		at changing its conjetered
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid 	norized by the corporational statutes.	on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE Carol Dirarde		1/12/98	
Signature. When or printed name of registered agont and title if applicable (NOTE, Re 12. OF FICERS AND DIRECTORS	ngistered Agent signature required	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE PS DELETE	1.1 TITLE	ADDITIONS/OFFIANGED TO STETIOETIS AND	Change Addition
NAME BERARDI, CAROL 1050 SW Chapman	1.2 NAME		
STREET ADDRESS 3649 SW ST LUCIE SHORES DRIVE 'WWY	1.3 STREET ADDRESS		
CITY-ST-ZIP PALM CITY FL	1.4 CITY - ST - ZIP		
THY F V DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME BERARDI, DENNIS 1050 S.W. Chapmen	2.2 NAME		
STREET ADDRESS 3849 ST LUCIE SHUKES LITTLYE	2.3 STREET ADDRESS		
CITY-ST-ZIP PALM CITY FL	2. 4 CITY - ST - ZIP		
TITUE	3.1 TITLE		☐ Change ☐ Addition
NAME	3.2 NAME		
STREET ADDRESS	3 3 STREET ADDRESS		
CITY-ST-ZIP	3.4. CITY - ST - ZIP		
TITLE DELETE	4.1 Title		☐ Change ☐ Addition
NAME	4. 2 NAME		
STREET ADDRESS	4.3 STREFT ADDRESS		
CITY-ST-ZIP	4.4 CHY-ST-7IP		Change Add V
TITLE DELETE	5.1 HILE		☐ Change ☐ Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS	`\	
CITY-ST-ZIP TITLE DELÉTE	5.4 CITY-ST-ZIP 6.1 THILE		Change Addition
NAME	6.2 NAME	\	C Duange (Notiful)
(PYRIL	6.3 STREET ADDRESS	5	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-S1-ZIP

FILED

Jan 23 1998 8:00am

Secretary of State